

Enhancing Existing Public Health Surveillance Systems




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Enhancing Existing PH Surveillance Systems: **Rationale**

National Goals for an EPHTS:


- Incorporate non-infectious diseases into a national public health surveillance system.
- Identify program and policy needs.
- Bridge the gap between environmental protection and public health data and programs.

Enhancing Existing PH Surveillance Systems: Approach

1. Select programs
 2. Conduct joint assessments
 3. Develop priorities
 4. Implement by providing technical assistance and support
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Context = Build capacity at all levels

Enhancing Existing Surveillance Systems: Resources

- Federal funds
 - Technical capacity:
 - Environmental context
 - Data Collection
 - Data Analysis
 - Database Analyst
 - Risk Communication
 - Clinical
 - Planning Consortium
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- Env. Epidemiologist
 - Surv. Epidemiologist
 - Toxicologists
 - P. Hlth. Physician
 - Comp. Health Planner

Enhancing Existing PH Surveillance Systems: Selecting Programs

In Process:

- Asthma Prevention and Control Program
- Childhood Lead poisoning and Prevention Program
- Maine Cancer Registry
- Others?

Enhancing Existing PH Surveillance Systems Presentation

- Program description
- Relevant Program Goals
- Collaborative Enhancements

Status: Asthma Prevention and Control Program

Program description

- Program was created by legislative mandate
March 2002
- National direction to address
 - Relationship with environmental factors
 - Occupational asthma
- Budget: \$350,000 (100% federal)
- Staff Count: 2

Status: Asthma Prevention and Control Program

Relevant Program Goals

- Identify gaps and needs in data and surveillance for asthma
- Developed and maintaining a statewide surveillance system for childhood and adult asthma
 - Occupational asthma

Status: Asthma Prevention and Control Program

Collaborative Enhancements

1. Develop joint strategy for surveillance of occupational asthma
2. Fund Asthma ED diagnosis validation study
3. BRFSS questions
 - Assess usefulness
 - Pay for

Status: Childhood Lead Poisoning Prevention Program

Program description

- Service and population-based functions
- Supported by legislative mandate
- Budget: \$416,975 (72% Federal; 28% State)
- Staff Count: 4

Status: Childhood Lead Poisoning Prevention Program

Relevant Program Goals

- To reduce the prevalence of elevated BLLs
- Promote appropriate screening
- Provide educational opportunities about the hazards of environmental lead
- Monitor the prevalence of lead poisoning

Status: Childhood Lead Poisoning Prevention Program

Collaborative Enhancements

- Consult on PAMS development
- Database assistance
- Geographical analysis of at-risk population with screening tests and results
- Potential linkage with environmental databases

Status: Maine Cancer Registry

Program description

- Statewide population-based cancer surveillance system
- Legislatively mandated reporting all newly diagnosed or treated cancer
- Budget: \$482,916 (68% Federal; 32% State)
- Staff Count: 7 Employees

Status: Maine Cancer Registry

Relevant Program Goals

- Reduce the morbidity and mortality due to cancer by providing data for research and intervention programs
- Provide data for the planning and evaluation of cancer prevention and control programs
- Respond to concerns about local cancer rates

Status: Maine Cancer Registry

Collaborative Enhancements

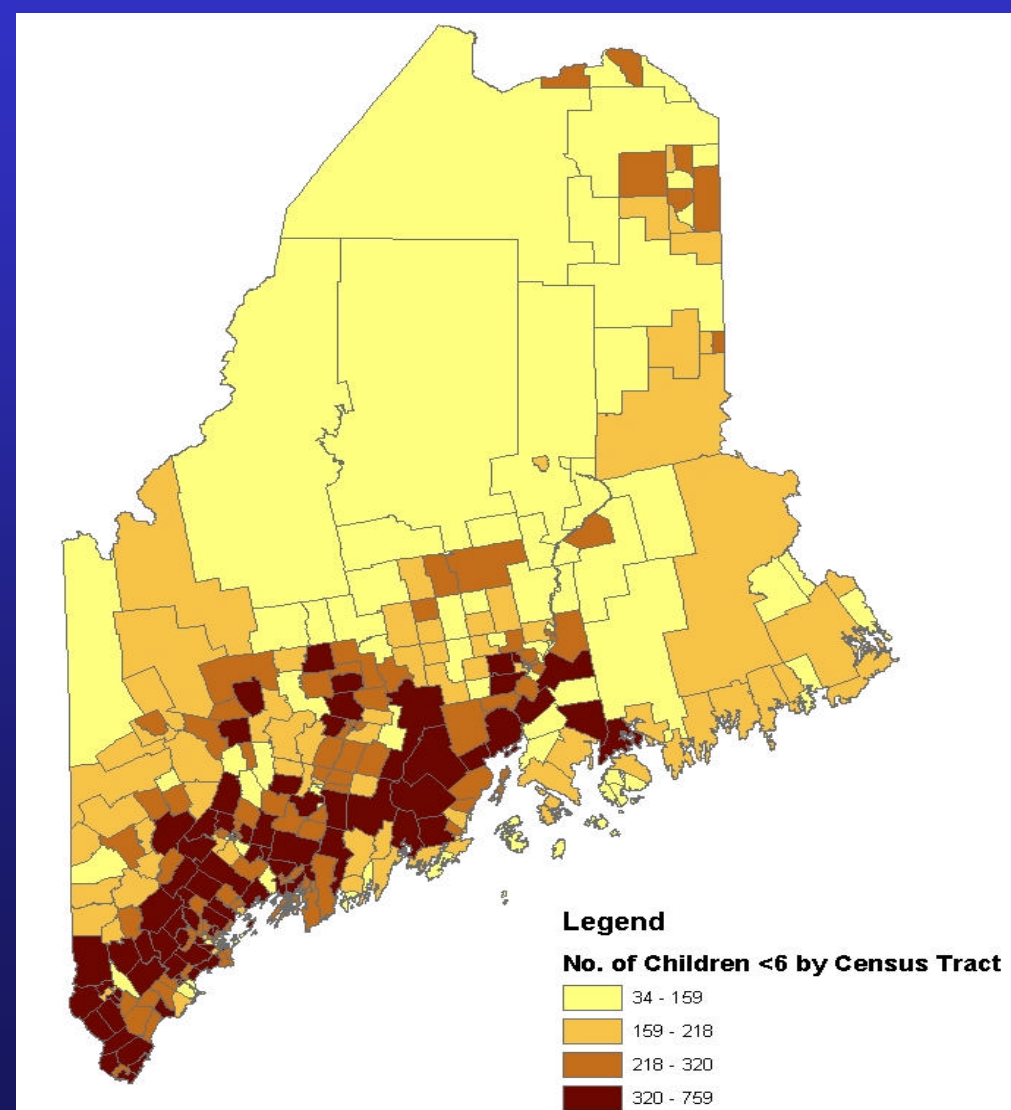
- Incorporate environmental health into long term plan
- Geocoding of data
 - Provide technical support
- Potential Spatial analysis
- Plan to assess usefulness occ./industry fields

Next Steps

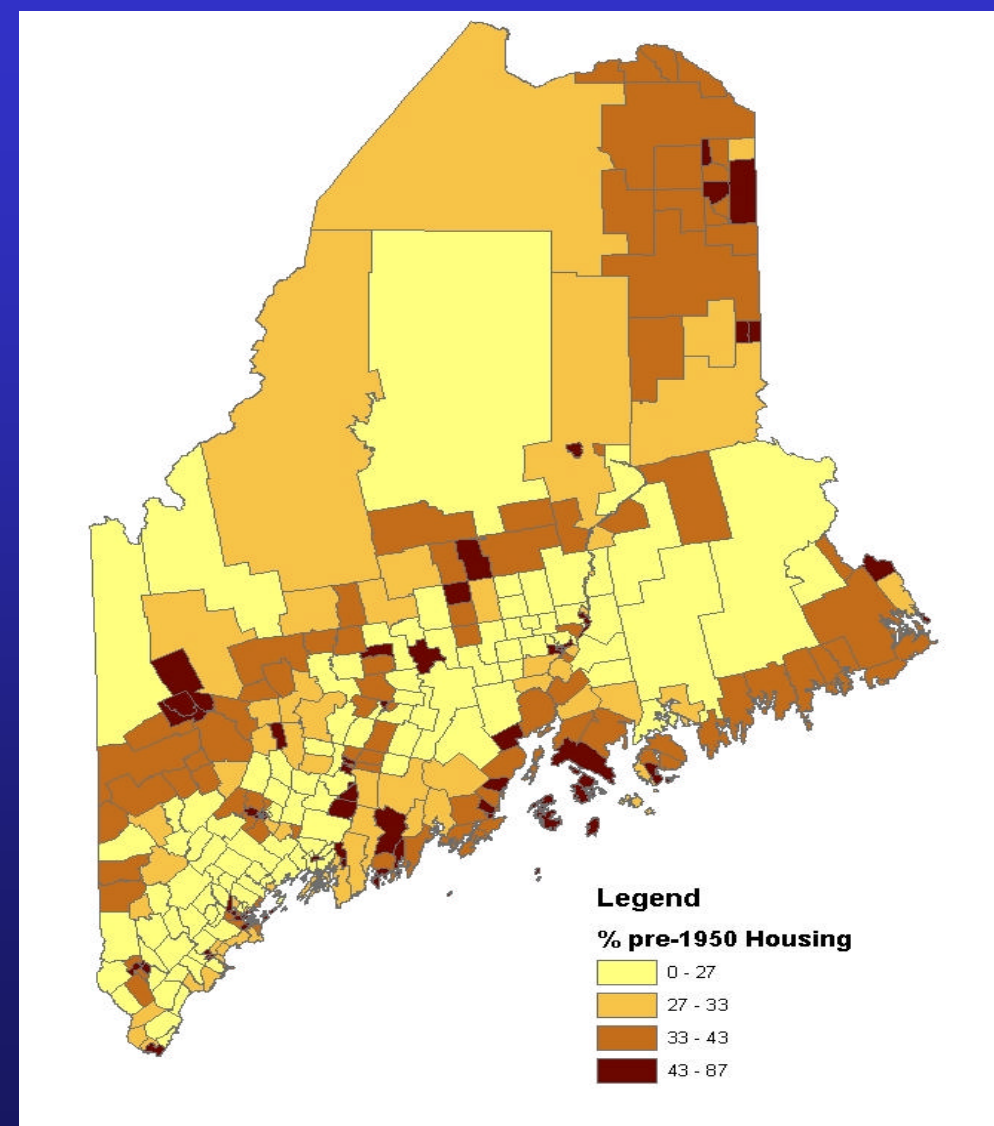
- Continue ongoing work and prioritize future activities
- Evaluate other programs
 - Genetics
 - Pregnancy Risk Assessment Monitoring System (PRAMS)
 - Comprehensive Cancer Planning
 - Cardiovascular Disease Program
- Other?



Number of Children < 6 Years of Age
By Census Tract - Maine, 2000



Pre-1950 Housing by Census Tract - Maine, 2000



Estimated Number of Children < 6 Years Living in
Pre-1950 Housing Maine, Census 2000

